

Overview of Proposed Regulation

The Division of Occupational Safety and Health (DOSH) has prepared draft summary sheets to assist interested parties in understanding how proposed Section 5199 would apply in certain operations. These summary sheets are not intended to modify or replace the actual language of the proposed standard and will be changed if the proposed regulation changes. Please send any comments about this summary to dgold@dir.ca.gov.

Aerosol Transmissible Diseases -- Hospitals

Hospitals play a critical function in caring for individuals with aerosol transmissible diseases (ATD) and in preventing the spread of infection. Most California hospitals are prepared to provide airborne infection isolation (AII) to people with tuberculosis and other diseases requiring this level of precaution¹. Proposed Section 5199 was developed to protect employees within current infection control paradigms and regulations; most hospitals have infection control programs and protocols that substantially comply with the proposal. 5199 would specifically require hospitals to:

1. Develop a written ATD exposure control plan that addresses infection control measures for ATDs, and that identifies people responsible for implementing the plan and annually review the plan with employees in their work areas [5199(d)].
2. Implement source control procedures (respiratory hygiene/cough etiquette) for people entering the facility, such as providing masks or tissues and hand hygiene materials [5199(e)(1)(B)].
3. Reduce exposures by engineering controls, work practices, and personal protective equipment [5199(e)(1)].
4. Establish procedures for the early identification and appropriate placement of patients requiring airborne infection isolation (cases or suspected cases of tuberculosis (TB), measles, SARS, monkey pox, small pox, chicken pox (varicella), and novel or unknown ATDs) [5199(e)(5)].
5. Establish communications procedures within the hospital, and with facilities, services and operations that refer ATD patients to the hospital, that include [5199(d)(2)(L) and (M), 5199(h)(6)]:
 - a. Notifying units to which patients are sent of suspected disease status of patients and recommended isolation precautions
 - b. Reporting cases and suspected cases of reportable ATDs (diseases reportable under Title 17) to the local health officer
 - c. Notifying employees and referring employers of exposures to reportable cases
6. Ensure that airborne infection isolation rooms function correctly and that negative pressure is verified daily when the room is in use for isolation [5199(e)(5)(D)].
7. Perform high hazard procedures in isolation rooms or isolation areas such as booths [5199(e)(5)(C)].
8. Provide respirators for employees while performing work that places them at increased risk of exposure to pathogens requiring AII, such as when entering AII rooms, performing high hazard procedures, or maintaining ventilation systems from AII rooms [5199(g)].
9. Implement procedures for decontamination or disposal of equipment, work areas, and personal protective equipment [5199(e)(2)].
10. Provide medical surveillance for employees who have occupational exposure including [5199(h)]:
 - a. Annual TB tests and follow-up for TB conversions
 - b. Vaccinations of susceptible health care workers for mumps measles and rubella (MMR), varicella-zoster, and tetanus, diphtheria and acellular pertussis (TDAP) and provide seasonal influenza vaccine to all employees. Employees may decline vaccination.
11. Follow up of exposure incidents (exposures to cases of reportable ATDs), including continuation of pay for a period during which an employee is not sick but a physician or other licensed health care professional (PLHCP) recommends removal from the workplace because the employee may be contagious (unless alternate work is available).
12. Ensure that a biosafety program is in place for laboratory operations [5199(f)].
13. Provide initial and annual training on the plan and on infection control procedures [5199(i)].
14. Keep records, including medical records, records of testing of ventilation systems and other engineering controls, training records, and records of exposure incidents [5199(j)].

¹ Hospitals that do not provide AII, and would refer patients needing AII to other institutions would be considered “referring employers,” and would be covered by proposed section 5199(c).